

August 2004

Dear Colleague:

Thank you for your interest in the National Center for PTSD's residential rehabilitation treatment program. Enclosed is the newest referral packet for admission of male and female veterans to our residential programs. **Please discard any old referral packets**, and feel free to make copies of this edition.

The National Center for PTSD at the Menlo Park Division of the VA Palo Alto Health Care System provides state-of-the-art diagnostic assessment and evaluation of male and female veterans who suffer from war zone-related stress or who experienced sexual trauma while serving in the military. Treatment is provided through our Women's Trauma Recovery Program and our Men's PTSD Residential Rehabilitation Program utilizing a wide variety of therapeutic approaches and services. As noted on the *Treatment Agreement*, all veterans are admitted for a period of 60 days; however, due to unforeseen medical issues and other scheduling difficulties, **the veteran's stay may extend beyond the 60-day period.**

Please note that referral packets must be completed by the referring clinician and not by the veteran. A multidisciplinary team reviews referral packets; **incomplete packets will not be processed. When data is missing, you will be asked to provide that information; screening will be delayed until all necessary data is received.** When deciding whether to refer a veteran to the National Center, please keep these Admission Criteria in mind:

- The veteran's current problems must be due, primarily, to PTSD related to military service,
- The veteran must be substance free for at least 14 days and off narcotics and benzodiazepines for at least 30 days,
- The veteran has had some PTSD treatment that has proven to be insufficient, and
- The veteran must be able to actively participate in treatment in an open residential rehabilitation setting.

Exclusionary criteria include:

- recent frequent mood instability that would require 24-hour monitoring or support,
- psychotic disorders,
- significant cognitive impairment,
- unresolved legal issues and charges (i.e., no pending court dates and/or issues around which a legal decision has yet to be rendered),
- court-mandated treatment, and
- major medical problems that will either prevent patient from full participation or require extraordinary medical monitoring (Note: A physical prior to referral and included in the packet will expedite the medical clearance aspect of screening).

Please include with the *Referral Information* a **copy of the veteran's DD214 (military discharge papers), a signed Treatment Agreement**, and any other material that you feel would be useful. If the veteran has been hospitalized during the last two years, please attach copies of the discharge summaries. Please provide a copy of results of any psychological or neuropsychological testing completed by the applicant within the past two years.

The veteran must have **complete transition plans** for arrival to and departure from the program (e.g., transportation, housing, aftercare, etc.). Please note that those veterans accepted for admission are responsible for their travel expenses to and from this facility, including any ground transportation. On admission they must have a return ticket or arrive with sufficient funds to purchase one.

If you have questions regarding referrals, please call: Admission Office
FTS (700) 463-7166 or (650) 493-5000, x27166.

Applications can be **faxed to (650) 617-2686** or **mailed to:** Admission Coordinator
National Center for PTSD (352/117MPD)
VA Palo Alto Health Care System
795 Willow Road
Menlo Park, CA 94025

Sincerely yours,

Fred D. Gusman, MSW
Director, National Center for PTSD

National Center for PTSD

Referral Information

Referring Clinician:		VISN#:	Phone: () -	
Agency/Organization:			FAX: () -	
Address:				
Name of Veteran:		SSN: _____ - _____ - _____	DOB: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Veteran Address:			Veteran Phone: () -	
Ethnicity: <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic / Latino American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Mixed Ethnicity _____ <input type="checkbox"/> Other (list) _____		Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed # Children: _____		Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard Service Connection: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: _____ % For: _____
Service Dates: From: To: ____/____/____ ____/____/____		Warzone Dates: From: To: ____/____/____ ____/____/____		Military Jobs: _____
Theatre: <input type="checkbox"/> Korea <input type="checkbox"/> Grenada <input type="checkbox"/> Vietnam <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Panama <input type="checkbox"/> Other _____		POW: <input type="checkbox"/> Yes <input type="checkbox"/> No	Decorations: <input type="checkbox"/> Purple Heart <input type="checkbox"/> CIB <input type="checkbox"/> CAB <input type="checkbox"/> Other _____	Disciplinary: <input type="checkbox"/> Article 15 <input type="checkbox"/> Court Marshal
Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Other _____				
Current Psychiatric Diagnoses:				
Axis I:		Axis III:		
Axis II:				
Please describe your clinical experience with this veteran. Why are you recommending inpatient rather than continued outpatient treatment? What issues have been raised in treatment, and how do they relate to the veteran's disability? <i>(Please list Criterion A/war zone stressors)</i>				

Psychiatric Treatment History

(If hospitalized in past 2 years, please attach hospital discharge summaries)

Treatment History:

Approximately how many sessions of outpatient mental health treatment has the veteran received in the **past year**?

☐ None ☐ 1-6 ☐ 7-12 ☐ 13-26 ☐ 26-52 ☐ 53+

Approximately how many days of inpatient psychiatric hospitalization has the veteran received in the **past year**?

☐ None ☐ 1-7 ☐ 8-30 ☐ 31-60 ☐ 61-180 ☐ 181+

Dates:

Reason:

Medication

Dosage

Reason

Medication

Dosage

Reason

Suicide History

Does the veteran have a history of suicidal ideation? ☐ No ☐ Yes

Has the veteran made suicide attempts? ☐ No ☐ Yes Dates: _____

(Please describe)

Substance Abuse History

Has the veteran abused: ☐ Alcohol ☐ Illegal Drugs ☐ Medications _____

Drug

**Use (more than 10
times in a month)**

**Number months
since last use**

**# times per week
during last use**

Treatment?

DATE:

Alcohol

☐ Yes ☐ No

☐ Inpt ☐ Outpt

Amphetamines

☐ Yes ☐ No

☐ Inpt ☐ Outpt

Barbituates

☐ Yes ☐ No

☐ Inpt ☐ Outpt

Cannabis

☐ Yes ☐ No

☐ Inpt ☐ Outpt

Cocaine

☐ Yes ☐ No

☐ Inpt ☐ Outpt

Hallucinogens

☐ Yes ☐ No

☐ Inpt ☐ Outpt

**Opiates
(Heroin)**

☐ Yes ☐ No

☐ Inpt ☐ Outpt

PCP

☐ Yes ☐ No

☐ Inpt ☐ Outpt

**Prescription
Abuse**

☐ Yes ☐ No

☐ Inpt ☐ Outpt

Other:

☐ Yes ☐ No

☐ Inpt ☐ Outpt

COMMENTS:

Legal History <i>(We cannot accept anyone with outstanding legal charges or who are mandated to be in treatment)</i>	
Has the veteran been incarcerated? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please describe) _____	
Is the veteran currently on probation/parole? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please describe) _____	
Additional Legal Information: _____ _____ _____	
Personal History Pre-Military	
History of Mental Illness in family?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Professional counseling prior to military?	<input type="checkbox"/> No <input type="checkbox"/> Yes
History of disruptive or antisocial behavior?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Victim of childhood physical abuse?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Victim of childhood sexual abuse?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Victim of sexual assault?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Post-Military	
History of violent acting out or antisocial behavior?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Victim of sexual assault?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Victim of domestic violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Current Status Employment	
Is veteran currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If employed: Status while hospitalized? _____	
If unemployed, # months: _____ Source of income: _____	
Number of jobs in the last 2 years: _____	
Number of Jobs since military: <input type="checkbox"/> None <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-50 <input type="checkbox"/> 51+	
Longest continuous employment at one job since military: _____ years _____ months	
Family & Relationship Status	
Are there minor children in the veteran's care?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can arrangements for care of children be made while veteran is hospitalized?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will family be able to meet financial obligations while veteran is in care	<input type="checkbox"/> No <input type="checkbox"/> Yes
Transition Plan To and From PTSD Inpatient Program VAPAHCS	
Transportation to inpatient program provided by referral source: _____ veteran _____	
Return transportation from inpatient program provided by referral source: _____ veteran _____	
Identify who will be liaison for veteran returning to original referral source: _____ _____	
Who will follow veteran for outpatient mental health? _____ _____	
Where will veteran reside? _____ _____	
Who will follow veteran for medical issues? _____ _____	

Necessary Medical Information
(to be completed by referring clinician)

Patients must be physically as well as psychiatrically stable. They must have adequate stamina and sufficient emotional and behavioral stability. We are not staffed to provide subspecialty assessment of chronic medical problems, elective surgery, or close observation of violent or suicidal patients. Therefore we do not accept veterans with unstable diabetes, serious kidney or liver disease, angina or heart attack within six months, pain requiring narcotics or marked activity limitation, recent TB test conversion not fully assessed by a physician, or any condition which exceeds our capacity to provide safe medical care. We also do not accept veterans with brain damage, psychosis, severe personality disorder (borderline, narcissistic, or antisocial type), or who are benzodiazepine-dependent or at risk for disruptive acting out. If we have specific questions regarding the veteran you are now referring, a member of our medical staff will call the appropriate party designated below. A physical exam within 60 days prior to admission will expedite our ability to clear the veteran medically.

Medical Health Care Providers		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Medical Problems Checklist (completed by referral source <u>with</u> veteran) Check boxes for positive responses and explain below NOTE: All positive responses require explanation with supporting lab/testing data (e.g. EKG, ETT, ultrasound, etc.)	
1. Pain, numbness, weakness in joint or limb.	<input type="checkbox"/> past 6 months
2. Blood in stool, urine, phlegm, vomit.	<input type="checkbox"/> past 6 months
3. Head injury with loss of consciousness.	<input type="checkbox"/> past 6 months
4. Stomach pain.	<input type="checkbox"/> past 6 months
5. Chest pain.	<input type="checkbox"/> past 6 months
6. Diabetes. (Current treatment, FBS result)	<input type="checkbox"/> past 6 months
7. Hypertension.	<input type="checkbox"/> past 6 months
8. Heart disease. (Specific DX, Cardio tests)	<input type="checkbox"/> past 6 months
9. Positive skin test for TB. (Prophylactic TX?)	<input type="checkbox"/> past 6 months
10. Cancer. (Site, treatment)	<input type="checkbox"/> past 6 months
11. Anemia. (within 1 mo CBC results, source)	<input type="checkbox"/> past 6 months
12. Hepatitis. (Circle: A, B, C, E, other)	<input type="checkbox"/> past 6 months
13. Nicotine addiction.	<input type="checkbox"/> past 6 months
14. Stomach ulcers. Active bleed? Hemocult?	<input type="checkbox"/> past 6 months
15. Colitis.	<input type="checkbox"/> past 6 months
16. Seizures.	<input type="checkbox"/> past 6 months
17. Breathing problems. Asbestos exposure, COPD, PFT's	<input type="checkbox"/> past 6 months
18. Hallucinations.	<input type="checkbox"/> past 6 months
19. Bad memory problems.	<input type="checkbox"/> past 6 months
20. Impulses to harm self or others.	<input type="checkbox"/> past 6 months
21. Gynecological problems (irr. Bleeding, PMS, absence of period, pelvic pain, etc.)	<input type="checkbox"/> past 6 months

Explanation of Positive Responses

Is there a possibility of current pregnancy: YES NO

If YES, how many weeks as of referral? _____(current date)

When was the last time the veteran received:

a. complete physical exam: _____ (date)

b. pap smear: _____ (date)

c. mammogram: _____ (date)

If a clinical facility is available and it is appropriate to do so, please consider requesting:

1. TSH 2. EKG 3. Fasting Blood Sugar & Cholesterol _____

4. Stool Guaiac 5. Hepatitis BsAg & HCV 6. Pap Smear

Referring Clinician's Signature: _____ Date: _____

TREATMENT AGREEMENT FOR THE NATIONAL CENTER FOR PTSD

I. Specific guidelines for treatment:

1. You will be expected to participate in and attend all of your scheduled groups and activities.
2. You cannot be admitted to the program if you are under the influence of any substance other than prescribed medications. **At least 14 days abstinence from alcohol and illegal drugs** will be required prior to admission to the program.
3. Substance abuse is not compatible with treatment and will result in discharge from the program. Alcometer/Breathalyzer tests and random drug screens are part of the treatment program.
4. Possession of weapons, physical violence, verbal abuse/or threats of violence will result in your discharge from the program.
5. You must adhere to all aspects of your individual therapeutic regimen, including but not limited to prescribed medications, dietary restrictions, volunteer activities, and exercise and recreation programs.
7. While you are an inpatient there are some restrictions on when you can leave the hospital grounds. You will be issued a program manual which explains this and other program policies.
8. Upon your arrival at the program, personal possessions will be inventoried and items not allowed will need to be returned home.

II. Length of Treatment

All veterans are admitted for an absolute maximum of 60 days and then referred for continuing outpatient treatment. All veterans are expected to have a discharge plan prior to admission. You will be expected to return to outpatient treatment and to return to your prior domicile.

I have read the Treatment Agreement. I understand the described guidelines, endorse them, and will abide by them if accepted into the program.

Veteran's signature

Date

Referring clinician's signature

Date

While in treatment I am willing to consider participation in research studies which have potential of improving care for other veterans with PTSD ☐ No ☐ Yes Veteran signature: _____